

NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH CARE REFORM ACT – PUBLIC GOODS POOL

ATTACHMENT 2-T
ELECTION FORM *ONLY* for THIRD PARTY ADMINISTRATORS or
ADMINISTRATIVE SERVICES ORGANIZATIONS

TYPE and use BLUE INK when signing

Effective Date: _____

FEDERAL EMPLOYER
IDENTIFICATION # (EIN): _____

TPA/ASO NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE #: _____

By signature below, the above third party administrator or administrative services organization agrees to cause to be made public goods surcharge payments directly to the Department's Office of Pool Administration on behalf of its clients who have elected, as set forth on Attachment #2.4, and additionally agrees to:

1. remit to the Department's Office of Pool Administration required surcharge payments for all applicable services on a monthly basis on or before the 30th day following the calendar month for which monies have been paid to designated providers of service;
2. provide the Department's Office of Pool Administration monthly certified reports on or before the 30th day following the calendar month for which monies have been paid which separately report patient service expenditures for services provided by designated provider type(s) (i.e., hospital inpatient, hospital outpatient, diagnostic & treatment center, laboratory¹, or ambulatory surgery center) by product line;
3. provide the Department with certification of data and access to allowance expenditure data upon request for audit verification purposes; and
4. the jurisdiction of the state to maintain an action in the courts of the State of New York to enforce any provision of section 2807-j of the Public Health Law (see note below).

By signature below, the above third party administrator or administrative services organization also agrees to cause to be made public goods covered lives payments directly to the Department's Office of Pool Administration acting on behalf of its clients who have elected, as set forth on Attachment #2.4. In such instances the above entity agrees to:

1. remit to the Department's Office of Pool Administration within 30 days after the end of each month one-twelfth of both the individual and family unit annual assessment amounts for each of the individuals and family units residing in the state which were included on the payor's membership rolls for all or a portion of the prior month and for which the payor covered general hospital inpatient care, including retroactive additions and deletions;

¹ For services provided on or after October 1, 2000, freestanding clinical laboratories with Article 5 Title V permits are exempt from HCRA surcharges.

2. provide the Department with data certification and access to individual and family unit data, upon request, for audit verification purposes; and
3. the jurisdiction of the state to maintain an action in the courts of the State of New York to enforce any provision of section 2807-t of the Public Health Law (see note below).

By signature below, the Chief Financial Officer or other duly authorized individual of the above entity certifies that the data submitted on the TPA's applicable attachments has been carefully prepared in accordance with instructions provided, and to the best of his/her knowledge, the information presented is accurate and correct.

Signature _____ Title _____
Chief Financial Officer or Duly Authorized Individual

Date _____

***Note:** TPAs are only agreeing to the jurisdiction of NYS courts for purposes of enforcing payments required under 2807-j and 2807-t. This does not, in any way, preclude a TPA from litigating other issues in Federal court such as ERISA based challenges, etc.*